



**U.S. Immigration
and Customs
Enforcement**

ICE Health Services Corps (IHSC)
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement

IHSC Personal Protective Equipment Program Guide

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Foreword

This *IHSC Personal Protective Equipment (PPE) Program Guide* supplements the following IHSC Directive:

IHSC Directive: 05-02, *Occupational Health*.

This Guide explains concepts, assigns responsibilities and details procedures for the implementation of the IHSC PPE Program.

The intended audience is IHSC health staff supporting health care operations within IHSC-staffed medical clinics.

I. Overview

A. Purpose

The purpose of this Guide is to provide health staff with the procedures and resources to implement the elements of the PPE Program as required by IHSC Directive: 05-02, *Occupational Health*.

IHSC is dedicated to promoting a safe work environment. IHSC implements programs to minimize employee hazards through training and the use of administrative controls, work practice controls, and engineering controls. Personal protective equipment (PPE) supplements these primary control methods.

B. Responsibilities

Public Health, Safety and Preparedness (PHSP) Unit

- Provides national oversight of PPE program activities.
- Provides technical guidance to medical clinics on PPE program activities.
- Reviews and updates this Guide and IHSC Directive: 05-02, *Occupational Health*.
- Conducts periodic program evaluation.

Health Services Administrator (HSA)

- Oversees and implements the medical clinic PPE program.
- Oversees and verifies the job hazard analysis (JHA).
- Purchases and maintains a supply of PPE needed for routine use.
- Ensures health staff receive orientation and annual training.

Safety, Infection Prevention and Control (SIPC) Coordinator

- Assists the HSA with implementing the medical clinic PPE program.
- Monitors the PPE program and reports problems to the HSA.

Health Staff

- Participate in the JHA.
- Inspect, don, doff, maintain, and store PPE as specified in training.
- Dispose of contaminated single-use PPE in the appropriate waste receptacle prior to leaving the work area.
- Remove PPE before leaving clinic work areas (e.g., to break or lunch rooms, the restroom, facility corridors).
- Adhere to national guidelines, regulations and standards on PPE as specified in training.

C. Acronyms

BBP – Bloodborne pathogens

CDC – U.S. Centers for Disease Control and Prevention

FDA – U.S. Food and Drug Administration

JHA – Job hazard analysis

NIOSH – National Institute for Occupational Safety and Health

OPIM – Other Potentially Infectious Materials

OSHA – U.S. Occupational Safety and Health Administration

PPE – Personal protective equipment

D. Definitions with Expanded Information

Administrative Controls – Methods of controlling employee exposures through enforcement of policies and procedures, modification of work assignment, training in specific work practices, and other administrative measures designed to reduce exposures.

Bloodborne Pathogens – Pathogenic microorganisms that are present in human blood and can cause disease in humans (e.g., hepatitis B virus and human immunodeficiency virus (HIV)).

Body Fluid – Fluid secreted by the body including, but not limited to blood, semen, saliva, urine and feces.

Don – To put on.

Doff – To remove.

Engineering Controls – Controls that isolate or remove a hazard from the workplace (e.g., ventilation systems, isolation, sharps disposal containers, self-sheathing needles).

Exposure – The condition of being subjected to something in the working environment (noise, dust, chemicals, radiation, infectious agents) that could have an adverse health effect.

N95 Respirator – An air-purifying, filtering-facepiece respirator that is $\geq 95\%$ efficient at removing 0.3 μm particles and is not resistant to oil; worn to protect the wearer from exposures in the air; not worn by a patient.

Other Potentially Infectious Materials (OPIM) – Includes 1) semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; 2) unfixed tissue or organ (other than intact skin) from a human (living or dead); 3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and 4) blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Personal Protective Equipment (PPE) – Equipment that protects a person from hazardous exposures such as chemicals, dust, noise, radiation, infectious diseases and includes respirators, gloves, mask, goggles, gowns, face shields, ear plugs, hard hats, and steel toe boots.

Respirator – A form of PPE with filtering capability that fits snug on the face over the nose and mouth to prevent the wearer from inhaling hazardous airborne particles.

Surgical Mask – A protective device that covers the patient's nose and mouth to protect health care workers from exposures to wearer-generated microorganisms.

Work Practice Controls – Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

E. Description

PPE is clothing or equipment that is worn to protect a person's body and body parts from exposures that may result in injuries or illnesses. Hazardous exposures in the workplace may be physical (e.g., radiation, noise), chemical (e.g., disinfectants), and/or biological (e.g., tuberculosis). Protective clothing, gloves, booties, shoes, and boots protect the body and limbs; goggles, glasses and face shields protect the eyes; and respirators protect the wearer from inhaling air contaminants.

Prior to considering PPE, other means of controlling hazards such as training and administrative controls, work practice controls, and engineering controls are implemented. Training is extremely important to the health and safety of employees. Administrative controls include policies and procedures, human and monetary resources, schedules, breaks, job rotation, and training. Work practice controls include safe work practices, avoiding hazardous activities, avoiding eating and drinking in work areas, and practicing good hygiene. Engineering controls include ventilation, isolation, and redesign of a process or procedure. When hazards capable of causing injury or impairment to the body cannot be eliminated any other way, PPE is worn as a last resort because if it fails, the hazard is still present and harmful.

F. Types of PPE

Protective Clothing: Wear protective gowns, lab coats, aprons or jumpsuits to protect the skin and clothing from splash, spray or mist hazards. These can be disposable (e.g., paper gowns) or reusable (e.g., lab coats).

Eye and Face Protection: Use goggles to protect the eyes or a face shield for eye, nose, mouth and face protection from splash, spray or mist hazards.

Respirators: Use an appropriate respirator to protect from inhaling airborne contaminants.

Hand Protection: Use gloves to protect the hands from cuts, abrasions, burns and skin contact with chemicals, biological and physical hazards. There are various types of gloves, and one type of glove does not protect against all potential hand hazards. The most appropriate glove for each application should be used.

Foot Protection: Use shoe covers to protect personal footwear from chemicals or bodily fluids. Wear protective shoes and boots when there are electrical hazards or the potential to crush the feet or toes.

II. Program Elements

The elements of the PPE program as mandated by OSHA include the following:

- JHA;
- Selection;
- Purchase;
- Storage;
- Use and limitations;
- Care;
- Disposal; and
- Training.

III. Job Hazard Analysis

A. Overview

The JHA is the first step in determining what PPE to use. The JHA is the cornerstone of workplace health and safety. It educates employees and involves them in taking responsibility for their own safety. It identifies hazards that may be overlooked, minimized or assumed to be “the nature of the job.” It identifies job hazards that may be currently controlled using PPE that may be better controlled

with engineering, work practice or administrative controls. A JHA is a simple three-step process:

- 1) List tasks associated with each job title or classification in the medical clinic;
- 2) Identify the hazards of the specific job tasks that, if left uncontrolled, could potentially result in harm;
- 3) Identify the controls and the PPE that will reduce or eliminate the hazards for each job task.

B. Method

The HSA must oversee the completion and accuracy of the JHA. The HSA must involve health staff in completing the JHA. Health staff must list their job title or job classification, and the tasks that they perform as part of their daily clinic duties. Health staff must also list their less frequent weekly or monthly activities. The HSA must instruct health staff to identify the tasks that they perform with a focus on tasks that are complex, have high injury or illness rates, have the potential to cause severe injury or illness, or if one mistake occurred, the consequences would be severe.

Next, health staff must identify hazards associated with the tasks within their job title or classification, paying particular attention to what could happen even if it has never happened.

Finally, health staff must list the controls and PPE that are or should be employed to reduce each hazard. The HSA must review the JHA results and verify that health staff described their job duties, hazards, controls and PPE accurately.

C. Review and Update

The HSA must review and update the JHA as needed and at least annually to ensure all clinic activities are included. As new tasks or jobs are introduced, the HSA must add them to the JHA without waiting until the annual review. The HSA must involve new health staff in the JHA to ensure their awareness of this process of breaking jobs down into tasks to better identify hazards and controls.

IV. Selection, Purchase, and Storage

The HSA must select PPE based on the anticipated hazards and exposures identified in the JHA, and also based on fit, quality, durability and employee comfort. The HSA must oversee the purchase of PPE to ensure that supplies with a current shelf life are adequate for health staff use on a daily basis. The HSA must ensure that supplies of PPE are monitored and inventoried to ensure they have not expired or are never in short supply. The HSA must ensure that all PPE purchased by the medical clinic for preventing disease exposure is FDA approved.

The HSA must ensure that PPE supplies are stored in clean, cool, dry areas of the medical clinic and that health staff have ready access to PPE. Health staff must clean and store their reusable PPE in a clean, dry place to prevent cross-contamination. Health staff must replace reusable PPE when it is no longer in working condition.

V. Use and Limitations

PPE is used to prevent the wearer from a hazard in the environment that cannot be eliminated by other means of control. Health staff must inspect, don, doff, clean, store or dispose of PPE according to the information provided in training.

PPE is not without its limitations. PPE adds safety hazards by restricting movement, vision, communication and dexterity. PPE can also be hot and make covered body parts sweat. There are psychological stressors that can result from frequent PPE use. PPE does not reduce or eliminate the source hazard, so if the PPE fails or if it is used improperly, the employee may be exposed to a hazard. For this reason, PPE is considered the last resort in occupational health and safety.

The following procedures are for routine PPE donning and doffing. Some infectious diseases might require specific PPE and donning and doffing procedures. Selection of face protection will be dependent on the potential pathogen exposure.

A. Donning Sequence

- 1) Put on a clean gown.
- 2) Inspect and put on a clean surgical mask or respirator; perform fit checks.
- 3) Put on clean goggles or a face shield, adjust to fit.
- 4) Put on a clean pair of gloves, extend to cover wrist of isolation gown.



B. Doffing Sequence

- 1) Assume that your PPE is contaminated.
- 2) Grasp the gown in front and pull away from body. Only touch the outside of the gown with gloves. While removing the gown, fold or roll the gown inside out, as you remove the gown peel your gloves at the same time, only touching the inside of the gloves and gown with bare hands.
- 3) Wash hands or use hand sanitizer and don clean gloves.
- 4) Remove goggles or face shield for disposal or processing. If hands become contaminated during removal, wash hands or use hand sanitizer and don new clean gloves.
- 5) Remove the surgical face mask or respirator without touching the front of mask to avoid contamination and dispose of it appropriately.
- 6) Remove gloves and dispose of them. Wash hands immediately after removing PPE and when leaving work.



VI. Training and Education

Training is extremely important to the success of the PPE program. The HSA must ensure that health staff receive orientation and annual training and instruction on all of the topics covered in this Guide.

The HSA or designee must maintain training records in a file and includes the date of the training, a content summary, the instructor's name, the names and job titles of the attendees, and their signatures.

VII. Program Monitoring and Evaluation

The PHSP Unit staff periodically collect information from the HSA to monitor the implementation of the PPE Program and to ensure that the medical clinic is meeting the requirements of this program.

VIII. References and Resources

- 1) [OSHA PPE Standard](#)
- 2) [OSHA Job Hazard Analysis](#)
- 3) [CDC Healthcare-associated Infections - Protecting Healthcare Personnel](#)